

Community Mental Health

by Danny Bell

The NE Connection

Did you know that there is a facility in the community of which the expressed purpose is to serve as an agent to help intergrate those who have had a history of chronic mental illness so as to achieve a higher quality of life and social interaction in their community. That place is the NE Connection. The NE Connection is a socialization program which provides daily structure in a non-threatening environment for chronically mentally ill clients residing in the North/Northeast Portland community. The center is operated by the N/NE Community Mental Health Center (CMHC).

The NE Connection has evolved from a drop-in center which was originally a component of the County Mental Health program that operated as part of the Albina Human Resource Center. It came about in the early 1970's as a result of research that discovered that a significant number of young males with mental histories had a lot of idle time and were living unstructured lives with little access to a positive social environment. In response to this need, the drop-in center was instituted. In 1984, the program was transferred to the auspices of the N/NE CMHC. The NE Connection, as it exists now, came into being in January 1986.

From its early days as a drop-in center, the focus of activities were recreational outings, holiday dinners, and arts and crafts. Today the NE Connection provides these same services plus education in community resources, such as structured social skills building, which has provided some clients with the assistance to pursue their education at Portland Community College, or pre-vocational activities, such as special projects with the Urban League, in one of which the members of NE Connection assisted with mailings.

The NE Connection is organized similarly to a social club. The main focus of the Connection revolves around fund raising activities. The primary goal is to increase social interaction with peer group and citizens in the community, to improve clients' independence in terms of accessing the community for their needs, and to develop and use grooming skills. These efforts result in closer contact to the community, enhanced self-esteem and self-respect, and gives a sense of accomplishment.

The money raised is used for activities such as extended trips to such places as Cannon Beach for the day or Mt. Hood for an overnight camping trip. Those objectives are achieved by engaging participation from the members in the Social and Recreational Committees. The main function of the Social Committee is to plan dinners, parties, movies, etc. The Recreational Committee's main function is to plan outings and special events and celebrations.

At present, twenty-two people attend the NE Connection daily. Clients range from young adults to senior citizens. Approximately 65% of the actively-enrolled clients are Black. With this in mind, holidays and festive celebrations include such events as Martin Luther King's birthday and Black History Month, as well as other ethnic celebrations and activities.

The NE Connection is staffed by two full-time personnel and one half-time position. There are also two volunteers. The staff works with the members in areas of problem solving, such as access to housing; how to enroll in college; and alcohol, drugs and mental illness.

Richard Loudd, the mental health specialist responsible for development and implementation at the Connection, expresses the commitment of the staff when he commented that he believes "that individuals, whether they are chronically mentally ill or not, need to be perceived as active members of the community, as opposed to being isolated and shunned away. Furthermore, these individuals need to be accepted by the community."

The success of the NE Connection can be measured in terms of reduced hospitalization and the achievement of a higher quality of life in terms of adequate housing, clothing, medical resources and social resources.

The NE Connection strives to serve a segment of our community which is less fortunate and hampered with a health problem. It makes a contribution by enabling these individuals to become contributing and viable citizens in the community, and it does so with intelligence and compassion. We are a better community for their efforts.

Readers are invited to write to Community Mental Health Center at 128 NE Russell, Portland, OR 97212; attention Danny Bell.



Sheryl Warren (L), Executive Director of the YWCA of Portland and Connie Carley cut the ribbon officially opening the Northeast branch of the "Y". Carley is the Director of the newly renovated facility located at 5630 N.E. Union Ave. The N.E. "Y" has a teen parent program, after school program, a women's support services program, and will be adding other programs.

Photo by Richard J. Brown



Janice Lawrence, 7 years old, shows off her Cinnamon Bear t-shirt to Cinnamon Bear. The bear visited the children at the opening of the Northeast YWCA last Thursday.

Photo by Richard J. Brown

Police Bureau Seeks Sexual Assault Self Defense Volunteers

The Portland Police Bureau's sexual assault prevention program is accepting applications during the month of December from individuals who are interested in teaching "Womenstrength" self-defense and in providing public education on the prevention of sexual assault.

Applicants must be sensitive, articulate, willing to learn, and committed to helping others prevent sexual violence in their lives. Individuals who are accepted into the training program are required to commit themselves to a minimum of six months and are asked to work an average of 10-12 hours per month. Attendance at a monthly staff meeting/in-service in part of this commitment. All positions are non-paid.

This once a year training will be held in March 1988. Applications and more information are available from the Portland Police Bureau's sexual assault prevention program at 796-3139.

Free Blood Pressure Screening

Free blood pressure and cholesterol screening throughout North/Northeast Portland. We encourage you to visit our clinic . . . if your cholesterol level has not been checked within the last 6 months.

You must be over 18 for the cholesterol test.

Hypertension (high blood pressure) and cholesterol information will be available.

The screening will take place December 19, 1987, 10-1 p.m. at Berean Baptist Church, 4822 N. Vancouver Avenue, Portland, Oregon.

Contact Aleem Shabazz at 284-1234, ext. 191, Minority Outreach Program, for more information.

Mobile Medical Care to Close Doors

Effective January 1, Emanuel Hospital & Health Center will no longer operate its Mobile Medical Care program. Increasing costs of operation and the availability of more appropriate delivery systems are cited as reasons.

Founded in 1980 at Holladay Park Medical Center, the program was originally known as Housecalls, Inc. The program provided occupational health services to local employers, primarily in the shipping industry, and medical assistance to tourists. The service was later expanded to include patients confined to their homes.

Approximately 100 patients are currently served by the Mobile Medical Care program. The majority lives in private homes, nursing homes and adult foster homes and require weekly to bimonthly medical attention. To ensure continuity of care while phasing out this program, Emanuel is channeling its patients to existing primary care physicians based on each patient's illness and location.



Health Watch

Steven Bailey, N.D.

Testing for AIDS

Whether to test for AIDS as a personal choice or to mandate testing for certain populations are two of the greatest questions surrounding the AIDS crisis. The HIV antibody test is widely accepted, yet there remains a considerable debate about the reliability as well as the meaning of this test. Even with the positive result, there are other necessary criteria for the diagnosis of AIDS (see Part 1.)

To understand the value of testing, it is helpful to understand what the HIV antibody test measures. We know for certain that this test, when accurate, measures the presence of a specific antibody to the HIV virus (Human Immunodeficiency Virus). Antibodies are chemicals released by the B-lymphocytes (a white blood cell) to combat specific viruses or other microorganisms. If the test is accurate, this means that the person either has AIDS, has the potential to develop AIDS, or has had the virus exposed to their white blood cells as well as other unknowns, government organizations are hesitant to speak about the possibility of exposure without full infection. November 1987's research from Johns Hopkins which showed three HIV positive patients becoming negative, as well as similar reports from Finland in September, began a new perception of survivability.

Whether or not the test can accurately measure the condition of AIDS, there remains a great concern for the accuracy of the test itself. As reported in Foster Church's column in the November 23rd Oregonian: Congressman Ron Wyden's committee heard testimony from government officials that in some cases there existed false positive results in 90 percent of the cases. (A 'false positive' means that a test that says a person has a positive result is in error; the person actually does not have the condition.) I would think that Oregon's state-regulated labs are much more accurate than this, but the occurrence of false positive as well as false negative results is a considerable concern of testing. (A 'false negative' means that the test failed to pick up the presence of the measured condition in the person.) With current diagnosis of AIDS only requiring a positive HIV test with an indicator disease such as bronchitis (see Part 1), the stigma, as well as fear associated with the diagnosis of AIDS, may now falsely affect many unfortunate people.

On the constructive side, when accurate, the HIV test can provide assurance of non-infection. Again, the long incubation period does not allow for one-test certainty in many or most cases.

It is a necessity to currently utilize the HIV antibody test for the purposes of collecting blood for medical purposes. Unfortunately, there is no 100-percent guarantee that all the negative results are accurate. Still, it is presently the most important screening tool for this industry.

There are many personal reasons that individuals or couples might want to take the test. Some of these reasons include: having a baby with any risk of parental infection; pre-sexual, fluid exchange between consenting partners; or personal desire to test for exposure. Caution must accompany the report of negative. As with the slow incubation period, the initial early tests may still be negative; and, as reported in Part 1, diagnosis of AIDS can be made without a positive result.

The HIV test is a quick and functionally useful tool to the medical industry, but when we start talking of mandating testing for groups, the inaccuracy of the test makes this proposition unacceptable. Considering the societal response to people diagnosed with AIDS (i.e., exclusion from school, jobs, or whole communities), the very real possibility of no insurance coverage for AIDS with the exclusion of any of its broad range of associated conditions, as well as the personal grief associated with being told you have AIDS in error, mandated testing might result in tens of thousands of people experiencing false belief in not having AIDS as well as others believing they have the condition in error.

Whether to get the HIV test is a personal decision. Because of the above mentioned concerns, testing should include the maximum confidentiality possible. Negative results may need repeating in 6 months, again in one year from risk, and possibly again at 18-24 months. Reports from Finland have shown no antibody formation from more than a year (October '87). Having the test done by a licensed health care provider is essential to the testing procedure. The need for personal testing should include both risk to exposure in the past five years (possibly even longer) as well as common symptoms (see Part 1).

There is the helper/suppressor ratio test, which, when combined with total numbers of cells (and when accurate), can give invaluable information about the present condition of your immune system. Again, this test can be obtained from most health care providers licensed to draw blood.

Next week: Concepts of "health", how you get AIDS and who can get it.

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